

RUSH

**PATHOLOGY ASSOCIATES**  
The Mount Sinai School of Medicine  
The Mount Sinai Laboratory  
1428-30 Madison Avenue  
New York, New York 10029  
(212) 241-7373

ACCESSION NUMBER (LABORATORY COMPLETES) \_\_\_\_\_

DATE OF PROCEDURE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME OF PROCEDURE: \_\_\_\_\_AM/PM

REQUESTING DOCTOR \_\_\_\_\_

DICT. # \_\_\_\_\_

MT. SINAI PATIENT IDENTIFICATION # \_\_\_\_\_

PATIENT NAME: FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

STREET \_\_\_\_\_

APT. # \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

AGE/SEX \_\_\_\_\_

MEDICARE #:

MEDICARE PT **MUST** SIGN BACK OF THIS FORM

OTHER INSURANCE #S:

PT MAY ASSIGN BENEFITS ON BACK OF FORM

Clinical Diagnosis and Information

ANATOMIC DRAWING/NOTES

LMP (Date) \_\_\_\_\_

Hormone Rx: \_\_\_\_\_

SITE OF SPECIMEN(S)

A \_\_\_\_\_

E \_\_\_\_\_

B \_\_\_\_\_

F \_\_\_\_\_

C \_\_\_\_\_

G \_\_\_\_\_

To Specify Pathologist

D \_\_\_\_\_

H \_\_\_\_\_

Att: Dr.

**DO NOT WRITE BELOW THIS LINE**

**INSTRUCTIONS FOR SUBMISSION OF SPECIMENS TO PATHOLOGY ASSOCIATES**

1. Place specimen in formalin. Tightly affix cap. Label specimen bottles with patient name, physician and date. Insert bottles in the transport plastic biohazard specimen bag. Consultation slides: Please place in holder to prevent breakage and attach copy of prior report for our files. Please use brown canvas bag to transport specimens.
2. Fill in this form completely. Please note that the *patient's name and address* are absolutely necessary for billing purposes. *Specimens cannot* be processed without this information. For a STAT request with rushed verbal results, please check the "RUSH" box.
3. Submit specimen to the Mount Sinai School of Medicine, Atran Building 6-10 or via messenger service. A special stat service is available. Call office for details.
4. Immunoperoxidase and Immunofluorescence on fresh tissue are by special arrangement. Call pathologist for details.

Messenger Pick-up Service: (212) 241-7360  
Reports and information: (212) 241-7373  
Formalin Bottles and Supplies: (212) 241-6976 or FAX (212) 241-1783  
Gyn Service: (212) 241-3787

**ASSIGNMENT OF BENEFITS MEDICARE PATIENT MUST SIGN**

I request that payment of authorized Medicare benefits and/or other commercial insurance company benefits be made payable on my behalf to Mount Sinai Pathology Consultants c/o Pathology Associates any services furnished me by that physicians group.

I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Patient's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE.**